

## **SPE CERTIFICATE RENEWAL APPLICATION**

Name: \_\_\_\_\_ Telephone # : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Expiration date of current SPE certificate:

\_\_\_\_\_

Approximate miles driven under current SPE certificate:

\_\_\_\_\_

Traffic violations incurred in the last 2 years (indicate date and type of violation):

\_\_\_\_\_  
\_\_\_\_\_

Accidents incurred in last 2 years. Give a brief description of each accident, including date, number of fatalities and/or injuries and total amount of property damage. Attach a copy of the police accident report for each accident.

\_\_\_\_\_  
\_\_\_\_\_

List any changes in the type of vehicle you will operate and/or the scope of operations you will perform. \_\_\_\_\_

Is there any significant change in the type of prosthetic device shown on your current SPE certificate?

Yes \_\_\_\_ No \_\_\_\_ . If yes, please give a description of the new prosthesis. \_\_\_\_\_

\_\_\_\_\_

### **The following must be returned with this application:**

1. A list of all motor carriers you have worked for in the past 2 years (form attached).
2. A copy of the results of your current medical examination and medical examiner's certificate (form attached).
3. A medical evaluation summary, which has been completed by an orthopedic surgeon or a board certified or qualified physiatrist (form attached).
4. A copy of your State motor vehicle driving record (MVR) for the past 2 years.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed package to the medical program specialist in the service center for the State in which you are a legal resident.

(CONTINUATION SHEET)

Violations (continued from 1<sup>st</sup> page):

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Accidents (continued from 1<sup>st</sup> page):

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Additional information and/or comments:

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## EMPLOYMENT INFORMATION

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position Held:

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position Held:

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Position Held:

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving:

\_\_\_\_\_